
(Medical Facility)

EVALUEE'S STATEMENT REGARDING THE FINDING OF THE MEDICAL BOARD REPORT

I, _____, am hereby informed that the medical board of
_____ convened in my case made the following findings:
(Date)

DIAGNOSES:

(1)

(3)

(2)

(4)

RECOMMENDATIONS:

- ☐ Satisfies Medical Retention Standards
- ☐ Does Not Satisfy Medical Retention Standards, Refer to Commander, Personnel Command (CGPC-adm)
- ☐ Unsuitable for Duty for reasons other than physical disability
- ☐ Fit for Limited Duty for a period of _____ with the following
limitations: _____

I believe that all my impairments have been evaluated adequately by the Medical Board Report.

I understand that the Medical Board's Report with my rebuttal, if any, will become part of my official record.

I further understand that the Medical Board Report's opinions and recommendations are not binding on the Coast Guard and that my case will be subjected to review and final disposition by higher authority.

EVALUEE MUST EXECUTE STATEMENT 1 OR 2

1. I do not desire to submit a statement in rebuttal to the above findings and recommendations.

(Signature of Evaluee/Date)

(Signature of Witness/Date)

2. I desire to submit a rebuttal to the above findings and recommendations which will become part of my official record.

(Signature of Evaluee/Date)

(Signature of Witness/Date)